

**RURAL CELLULAR CORPORATION**

3905 Dakota Street SW • P.O. Box 2000

Alexandria, MN 56308-2000

320.808.2154 • Fax: 320.808.2120

<http://www.rccwireless.com>

Fax Cover Sheet

DATE: September 25, 2002

TIME: 2:00 P.M.

TO: DAVID SIEHL

FAX: 202.418.8188

COMPANY: WIRELESS TELECOMMUNICATIONS BUREAU

FROM: DEANNA PEKAR 320.808.2154 deannakp@rccw.com

RE: UNIVERSAL 911 DIALING - SECOND TRANSITION REPORT

CC:

Number of pages including cover sheet: 7

MESSAGE: ATTACHED IS THE REQUIRED SECOND TRANSITION REPORT.

The information contained in this facsimile message is privileged and confidential and is intended only for the use of the individual/entity named. Any dissemination of this communication by anyone besides the intended recipient is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail at the above address. Thank you.

Note: This is sample
template It is
not an OMB
approved form.

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

RURAL CELLULAR CORPORATION

Service Provider Name

RCC HOLDINGS DBA UNICEL

Company Address, City, State, Zip

PO BOX 2000
ALEXANDRIA MN 56308

Service Provider Type

☒ Wireless

☐ Wireline

Name(s) of Wireless License Holder(s)

RCC HOLDINGS, INC.

Contact Name

STACY PETERSON

Contact Tel #

320-808-2469

Fax #

320-808-2120

E-mail Address

stacyrp@rccw.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

GREENE, AL
WALLACE, KS
CLAY, MS
TALLAHATCHIE, MS
PIKE, AL

For each area listed above, identify the emergency response point to which calls are now being routed.

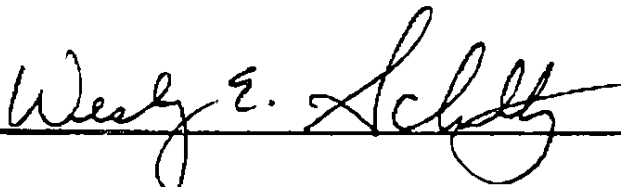
GREENE, ALABAMA - GREENE COUNTY SHERIFF
WALLACE, KANSAS - WALLACE COUNTY SHERIFF
CLAY, MISSISSIPPI - CLAY COUNTY SHERIFF
TALLAHATCHIE, MISSISSIPPI - TALLAHATCHIE COUNTY SHERIFF
PIKE, ALABAMA - TROY CITY PD

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 11, 2002.

Signature



Printed name of authorized representative: WESLEY E SCHULTZ

Title: EXECUTIVE VICE PRESIDENT

Date:

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.